

Government of the
District of Columbia

2002 D-2441 SUB
Child and Dependent Care Credit
for Part-Year Residents



OFFICIAL USE ONLY

NAME AS SHOWN ON FORM D-40 **AAAAAAAAAAAAAAAAAAAAA** YOUR SOCIAL SECURITY NUMBER **999-99-9999**

Qualifying dependents Complete for all qualifying individuals for whom expenses were claimed on your federal Form 2441

First name	M.I.	Last name	Social security number	Relationship
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
Lived in your household	From (MMDDYY)	To (MMDDYY)		
	MMDDYY	MMDDYY		
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
Lived in your household	From (MMDDYY)	To (MMDDYY)		
	MMDDYY	MMDDYY		
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
Lived in your household	From (MMDDYY)	To (MMDDYY)		
	MMDDYY	MMDDYY		
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
Lived in your household	From (MMDDYY)	To (MMDDYY)		
	MMDDYY	MMDDYY		
AAAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAAA
Lived in your household	From (MMDDYY)	To (MMDDYY)		
	MMDDYY	MMDDYY		

D.C. credit

Round all amounts to the nearest dollar.
If amount is zero, leave the line blank.

Enter period you were a D.C. resident in 2002 (MMDD)

From (MMDD) To (MMDD)
MMDD MMDD

1	Total 2002 employment-related dependent care expenses. <i>From federal Form 2441, line 15 or total expenses paid from side 2 (of this form), line 6.</i>	1	999999999 .00
2	Employment-related dependent care expenses paid in 2002 during period of DC residence.	2	999999999 .00
3	<i>Divide line 2 by line 1. (This will be a decimal number, for example: 0.55.)</i>	3	.99
4	D.C. dependent care credit <i>Multiply your federal credit (1040, line 46 or 1040A, line 29) X .32</i>	4	999999999 .00
5	D.C. part-year dependent care credit <i>Multiply line 4 by line 3. Enter amount on line 25 of Form D-40.</i>	5	999999999 .00

ATTACH THIS FORM TO YOUR FORM D-40.

Your last name and SSN. AAAAAAAAAAAAAAAAAAAAAA999-99-9999



0 2 2 4 1 0 2 2 0 0 0 0

Dependent care expenses Complete for all people or organizations who provided care during 2002 so that you could work or look for work.

Round all amounts to the nearest dollar.
If amount is zero, leave the line blank.

Name	Address	Amount
AAAAAAAAAAAAAAAAAAAAA	AAAAAAAAAAAAAAAAAAAAA	999999999.00
Social security number FROM TO	AAAAAAAAAAAAAAAAAAAAA	
999999999 MMDD MMDD		
If an individual, identify their relationship to you	AAAAAAAAAAAAAAAAAAAAA	

Name	Address	Amount
AAAAAAAAAAAAAAAAAAAAA	AAAAAAAAAAAAAAAAAAAAA	999999999.00
Social security number FROM TO	AAAAAAAAAAAAAAAAAAAAA	
999999999 MMDD MMDD		
If an individual, identify their relationship to you	AAAAAAAAAAAAAAAAAAAAA	

Name	Address	Amount
AAAAAAAAAAAAAAAAAAAAA	AAAAAAAAAAAAAAAAAAAAA	999999999.00
Social security number FROM TO	AAAAAAAAAAAAAAAAAAAAA	
999999999 MMDD MMDD		
If an individual, identify their relationship to you	AAAAAAAAAAAAAAAAAAAAA	

Name	Address	Amount
AAAAAAAAAAAAAAAAAAAAA	AAAAAAAAAAAAAAAAAAAAA	999999999.00
Social security number FROM TO	AAAAAAAAAAAAAAAAAAAAA	
999999999 MMDD MMDD		
If an individual, identify their relationship to you	AAAAAAAAAAAAAAAAAAAAA	

Name	Address	Amount
AAAAAAAAAAAAAAAAAAAAA	AAAAAAAAAAAAAAAAAAAAA	999999999.00
Social security number FROM TO	AAAAAAAAAAAAAAAAAAAAA	
999999999 MMDD MMDD		
If an individual, identify their relationship to you	AAAAAAAAAAAAAAAAAAAAA	

6 Total expenses paid Add whole dollar amounts.	999999999.00
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